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FILED
 May 19 1997 8:00am
 Secretary of State



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

NONPROFIT CORPORATION
 ANNUAL REPORT
 1997

DOCUMENT # 760726 (0)
 1. Corporation Name
 PALM BEACH COUNTY CHAMBER OF COMMERCE, INC.



Principal Place of Business Mailing Address
 401 N FLAGLER DRIVE 401 N FLAGLER DRIVE
 W. PALM BEACH FL 33401 W. PALM BEACH FL 33401-4305

3. Date Incorporated or Qualified 11/17/1981
 3a. Date of Last Report 05/01/1996
 4. FEI Number 59-0504407 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
 GRADY, DENNIS
 401 N. FLAGLER DRIVE
 W. PALM BEACH FL 33401

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD DAWN	1.2 NAME	Donald Dawn
STREET ADDRESS	777 S. FLAGLER DR #300	1.3 STREET ADDRESS	777 S. Flagler Drive #300
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	W. Palm Beach, Fl 33401
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAUDINGER, RICHARD	2.2 NAME	Cliff Hertz
STREET ADDRESS	8400 CONGRESS AVE 2500	2.3 STREET ADDRESS	400 Australian Ave. #500
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	W. Palm Beach, Fl 33401
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRITT, WILLIAM E.	3.2 NAME	Edward J. Maas
STREET ADDRESS	505 S. FLAGLER DRIVE, #400	3.3 STREET ADDRESS	2820 Hackney Road
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33331
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA LOWRY	4.2 NAME	Patricia Lowry
STREET ADDRESS	1900 SUITE 777 S. FLAGER DR	4.3 STREET ADDRESS	777 S. Flagler Drive #1900
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	W. Palm Beach, Fl 33401
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	SACHS, PETER	5.2 NAME	
STREET ADDRESS	505 S FLAGLER DR #1100	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	GRADY, DENNIS	6.2 NAME	
STREET ADDRESS	401 N FLAGLER DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PAM BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 4/30/97 DAYTIME PHONE: 561-888-3711
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)